Methods: We designed a one-day anatomy-drawing course on the upper limb for 17 undergraduate students (MBBS/BDS/BSc) at Kings-Collage-London, to assess the suitability of drawing as an effective tool in anatomical teaching. The course was delivered through small-group whiteboard drawing sessions together with cadaveric life-drawing sessions, led by anatomy demonstrators. The students were guided through the process of drawing the upper limb, highlighting key anatomical and clinical features.
Results: The feedback was extremely positive. 88% of students used drawing as a learning tool for anatomy, and students reported an increase of 68.5% in their confidence in anatomical drawing after the course. Overall, there was a 92% satisfaction rate.
Conclusion: Drawing engages students to learn with their hands, and forces students to identify important anatomical features, and appreciate depth and planes, which is essential in surgery. With the decline in dissection throughout medical schools, drawing offers an alternative way of training students to learn anatomy as a graft, just like surgery.

0462: INTEGRATION OF SIMULATED SURGICAL SKILLS SESSIONS INTO THE UNDERGRADUATE CURRICULUM

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Aim: Medical students and foundation doctors often lack basic surgical skills required to undertake ward procedures or assist in theatre. This pilot study aimed to improve the basic surgical skills of final year medical students through simulated skills sessions.
Methods: A 4 hour skills session was introduced during the 5th year surgical placement. Students were taught on low-cost, low-fidelity equipment by surgical trainees and fellows. Skills taught included knot tying and suturing. Students completed pre- and post-course questionnaires.
Results: Data were collected for 50 students. The course resulted in a significant increase in the proportion of students confident to perform one-handed reef knots (8% to 90%, $p = 0.0001$ χ^2), instrument ties (30% to 92%, $p = 0.0001$ χ^2), surgeon's knots (20% to 88% $p = 0.0001$ χ^2) and interrupted sutures (50% to 96%, $p = 0.0001$ χ^2). The percentage confident to teach these skills also increased significantly. 48 students felt the course made them feel more confident about spending time in theatre, with all recommending it to their peers.
Conclusion: Integrating surgical skills sessions into the MBChB curriculum is feasible, economical and valuable. Simulated sessions are essential aids to skill acquisition, inspiring confidence in students and enabling fuller participation in procedures; thereby encouraging pursuit of surgical careers.

0478: ENGAGING FOUNDATION DOCTORS IN SURGICAL SKILLS TRAINING

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Aim: The 48-hour week presents challenges in achieving surgical competencies and juniors may be unsure whether a surgical career is for them. This pilot-programme endeavoured to promote a collegiate environment in which foundation doctors could practice surgical skills with senior support, increase confidence in theatre and provide networking opportunities.
Methods: Established during May–June 2013 at Basildon Hospital, this programme comprised an introductory half-day session with Consultant/SpR-led teaching on four key areas (suturing/knot tying, incision and drainage, lesion excision and laparoscopic skills) followed by informal evening sessions, with an SpR in attendance, to enable further consolidation and development of skills. The final evening culminated in a surgical careers talk and Q&A session fielded by surgical SpRs.
Results: The programme attracted juniors with varying levels of interest in surgery. Access to coaching tailored to individual development needs was a key theme. Participants responded "agree"/"strongly agree" on the Likert scale when asked if they felt the programme had given them more confidence in their surgical abilities and increased their interest in a surgical career.
Conclusion: This replicable programme enabled foundation doctors to develop surgical skills, build networks and gain careers advice in a low cost, informal environment with excellent attendee satisfaction.

0481: EMERGENCY APPENDICECTOMY: COMPARING OUTCOMES BETWEEN DIFFERENT GRADES OF SURGEONS

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Aim: Emergency appendicectomy (EA) is a frequently performed operation on the emergency (CEPOD) theatre. However, opportunity for junior trainees to perform this operation is sparse due to time pressure in theatre. This study investigates the differences in outcome of EA between different grades of surgeons.
Methods: A retrospective observational study was conducted on patients undergoing EA between January and December 2012 by interrogating prospectively maintained databases. Outcomes included ASA grade, surgical approach, surgical time, operative findings, length of stay, and readmissions within 30 days.
Results: From 545 cases, 85 were performed by consultants (15.6%), 398 by SpRs (73.0%), and 62 by SHOs (11.4%). Abnormal appendix was found in 445 cases (81.7%). None of the cases performed by SHO were ASA 3 or converted to open. Mean surgical time for SHOs was 59 minutes (17–136) compared with 167 for SpRs (8–196) and 58 for consultants (18–162), however these were not statistically significant. There were also no significant differences in the length of stay and rate of readmissions across the 3 groups.
Conclusion: In fit patients with uncomplicated appendicitis, EA performed by junior trainees are safe and efficient. Therefore they should be encouraged to perform more EA in this group of patients.

0493: MAINTAINING PATIENT SAFETY WITHIN THE EUROPEAN WORKING TIME DIRECTIVE; A NOVEL WEEKEND HANDOVER SYSTEM

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Aim: The evolution of shift patterns stemming from the EWTD can lead to doctors caring for previously unknown patients over weekend shifts. The content of handover information is therefore vital. Our aim was to audit the effectiveness of a weekend handover system for orthopaedic foundation doctors in a busy tertiary trauma centre against Royal College Surgeons recommendations.
Methods: Computer-based weekend handovers were audited for completeness against RCS handover guidelines for two months. The handover system was revised before a second cycle was completed for a further two months. A qualitative survey regarding the effectiveness of the handover tool was circulated.
Results: Uptake was 100%. In cycle one 37% of patients handed over included significant investigations/results. In cycle two parameter was 100% In cycle one 27% of handovers were complete in all categories, in cycle two this rose to 58%. These values are significant ($p = < 0.05$)
Of questionnaires returned, all agreed that patient safety is enhanced with the handover template, and that patients with clinical needs are identified before weekend shifts begin.
Conclusion: Changes to the handover system have significantly increased the inclusion of patient information handed over at weekends. It is universally used and has contributed to maintaining patient safety.

0501: SURGERY AND PUBLIC HEALTH: SUGGESTION OF A NEW PARADIGM TO BRIDGE THE GAP

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Aim: To explore the global burden of surgical disease, discuss the cost-effectiveness of surgical interventions, and suggest a new paradigm for global surgery.